

FAIRWEATHER, W. E., M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant House-Surgeon to the Rotherham Hospital.

GROVES, Dr., appointed Medical Officer for the Chewton Mendip District of the Wells Union.

HAWTHORN, Frank, M.B., B.S., M.R.C.S., L.R.C.P., appointed Teacher and Examiner of Vaccination at Newcastle-on-Tyne Educational Vaccination Station, *vice* John Hawthorn, M.R.C.S., L.S.A., deceased.

JELLY, G. Aubrey, M.R.C.S., L.R.C.P., L.S.A., appointed House-Surgeon to the Sunderland and North Durham Eye Infirmary.

JONES, John Arnall, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Aberavon Town Council.

LAWSON, T. C., M.B.C.S.Eng., L.S.A., appointed Medical Officer for the Fourth District of the Devises Union.

MULOCK-BENTLEY, Thomas, L.&L.M.R.C.P., L.&L.M.R.C.S.I., appointed by His Honour the President of the Free State Government District Surgeon for the District of Vrede, *vice* Dr. F. N. Blood, resigned.

PENNINGTON, E., M.R.C.S., L.R.C.P., appointed Medical Officer of Health for the No. 8 (Preston Candover) District of the Basingstoke Union, *vice* J. H. Peet, L.R.C.P., L.R.C.S. Edin., resigned.

PORTER, Joseph F., B.A. Dub., M.D., M.R.C.S., appointed Medical Officer for the combined District of Helmsley and Oswaldkirk of the Helmsley Rural District Council.

RISDON, Geo. Owen, L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer for the No. 2 District of the Wells Union.

SHERA, J. E. P., L.R.C.S.I., L.R.C.P.I., L.M. Rotunda, appointed House-Surgeon to the Teignmouth Hospital, South Devon.

SMITH, Sir Thomas, Bart., F.R.C.S.Eng., appointed Consulting Surgeon to the Royal General Dispensary, Bartholomew Close.

SMYTH, E. J., M.D.Lond., B.S., appointed Medical Officer for the No. 4 District of the Buckingham Palace Workhouse of the St. George's Union.

WAY, Montague H., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to Guy's Hospital.

WOODS, H. Hunter, M.R.C.S.Eng., L.R.C.P.Lond., D.P.H. Cantab., appointed Medical Officer of the Milton District of Lymington Union, *vice* H. W. Hartford, L.R.C.P.I., L.R.C.S.I., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 8.30 P.M.—Dr. E. Kingscote: The Vagus Origin of Asthma and its Treatment. Mr. W. H. Battle: Unusual Cases of Renal Calculus.

London Post-Graduate Course, 8 P.M.—Dr. E. Kingscote: The Vagus Origin of Asthma and its Treatment. Mr. W. H. Battle: Unusual Cases of Renal Calculus.

TUESDAY.

London Post-Graduate Course, 8.30 P.M.—Dr. Craig: Puerperal, Lactational, and Climacteric Insanities. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Abraham: Eczema.

Royal College of Physicians, 5 P.M.—Sir R. Douglas Powell: On the Principles which govern Treatment in Diseases and Disorders of the Heart. Lumsian Lecture II.

WEDNESDAY.

Evelina Hospital, S.E., 4.30 P.M.—Dr. W. Soitau Fenwick: The Causes and Treatment of Diarrhoea in Children. Post-Graduate Lecture.

Hospital for Consumption and Diseases of the Chest, 4 P.M.—Dr. Acland: Bronchiectasis.

THURSDAY.

London Post-Graduate Course, 8.30 P.M.—Mr. J. Jackson Clarke: The Treatment of Spinal Caries.

Central London Sick Asylum, 5.30 P.M.—Mr. Watson Cheyne: Clinical Lecture.

Royal College of Physicians, 5 P.M.—Sir R. Douglas Powell: On the Principles which govern Treatment in Diseases and Disorders of the Heart. Lumsian Lecture III.

London Post-Graduate Course, 8.30 P.M.—Dr. Soitau Fenwick: Clinical and Pathological Demonstration to Senior Students.

FRIDAY.

London Post-Graduate Course, 8.30 P.M.—Professor Crookshank: Erysipelas and Suppuration, etc.

West London Medico-Chirurgical Society, 8.30 P.M.—Papers will be read by Dr. Symons Eccles, Dr. Bontor, Mr. Tibby.

Society, Royal Kent Dispensary, 8.15 P.M.—Mr. Ernest Clarke: The Use and Abuse of Mydriatics. Dr. F. S. Toogood: The Use of Morphine in Cardiac Disease. Dr. Morgan Dockrell: The Use of Coley's Fluid in Sarcoma.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office order or stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.

MARRIAGE.

MURRAY-BRAY.—On March 16th, 1898, at St. Paul's Church, Princes Park, Liverpool, by the Rev. J. H. M. Barrow, M.A., J. J. Goodlatte Murray, F.R.C.S.E., of "Eblana," Liscard Road, Egremont, Cheshire, to Isabel, fourth daughter of the late Samuel Bray, Esq., of Alsagar.

DEATHS.

ALGIE.—On the 17th inst., at Carlton House, Portpatrick, Dr. Wm. A. Algie, aged 40 years.

KAY.—On the 15th inst., at Clay Cross, Derbyshire, Thomas V. Kay, Physician and Surgeon, aged 51 years.

WOOD.—On March 22nd, at Ripley, Derby, Frederick John, the only darling child of Frederick and Margaret Wood, aged 9 years.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). Attendances.—Daily, 2. **Operations.**—Tu. F. S., 2.

CENTRAL LONDON OPHTHALMIC. Attendances.—Daily, 1. **Operations.**—Daily.

CENTRAL LONDON THROAT, NOSE, AND EAR. Attendances.—M. W. Th. S., 2; Tu. F., 5. **Operations.**—1-p, Tu, 2.30; o-p, F., 2.

CHARING CROSS. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. **Operations.**—Th. F. S., 3.

CHELSEA HOSPITAL FOR WOMEN. Attendances.—Daily, 1.30. **Operations.**—M. Th. F., 2.

CITY ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2. **Operations.**—M., 4.

EAST LONDON HOSPITAL FOR CHILDREN. Operations.—M. W. Th. F., 2.

GREAT NORTHERN CENTRAL. Attendances.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30. **Operations.**—M. W. Th. F., 2.30; Dental, W., 2. **Operations.**—M. W. Th. F., 2.

GUY'S. Attendances.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. **Operations.**—Tu. F., 1.30; (Ophthalmic) M., 1.30; Th., 2.

HOSPITAL FOR WOMEN, Soho. Attendances.—Daily, 10. **Operations.**—M. Th., 2.

KING'S COLLEGE. Attendances.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o-p, daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30, F., 2; Dental, M. Th., 10; Skin, W., 1.30. **Operations.**—W. Th. F., 2.

LONDON. Attendances.—Medical, daily, 1-p, 2, o-p, 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o-p, W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. **Operations.**—Daily, 2.

LONDON TEMPERANCE. Attendances.—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. **Operations.**—M. Th., 4.30.

METROPOLITAN. Attendances.—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. **Operations.**—Tu. W., 2.30; Th., 4.

MIDDLESEX. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o-p, M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. **Operations.**—Daily, 1.30.

NATIONAL ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2. **Operations.**—W., 10.

NEW HOSPITAL FOR WOMEN. Attendances.—Daily, 2; Ophthalmic, W. S., 9.30. **Operations.**—Tu. F., 9.

NORTH-WEST LONDON. Attendances.—Medical, daily, exc. S., 2, S., 10; Surgical, daily, exc. W., 2, W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. **Operations.**—Th., 2.30.

ROYAL EYE, Southwark. Attendances.—Daily, 2. **Operations.**—Daily.

ROYAL FREE. Attendances.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, W., 9. **Operations.**—W. S., 2; (Diseases of Women) S., 9.

ROYAL LONDON OPHTHALMIC. Attendances.—Daily, 9. **Operations.**—Daily, 10.

ROYAL ORTHOPEDIC. Attendances.—Daily, 2. **Operations.**—M., 2.

ROYAL WESTMINSTER OPHTHALMIC. Attendances.—Daily, 1. **Operations.**—Daily, 2.

ST. BARTHOLOMEW'S. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o-p, M. Th., 9; Eye, M. Tu. W. Th. S., 2; o-p, M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9. **Electrical.** M. Tu. Th. F., 1.30. **Operations.**—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, F., 2.

ST. GEORGE'S. Attendances.—Medical and Surgical, daily, 1-p, 1; o-p, 12; Obstetric, 1-p, Tu. F., 1.45; o-p, M. Th., 1.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., S., 12. **Operations.**—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.

ST. MARK'S. Attendances.—Fistula and Diseases of the Rectum, males S., 2; females, W., 9.30. **Operations.**—M., 9; Tu., 2.30.

ST. MARY'S. Attendances.—Medical and Surgical, daily, 1.45; o-p, 12.45; Obstetric, Tu. F., 1.45; o-p, M. Th., 1.0; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. **Operations.**—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.

ST. PETER'S. Attendances.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. **Operations.**—W. F., 2.

ST. THOMAS'S. Attendances.—Medical and Surgical, M. Tu. Th. F., 2; o-p, daily, 1.30; Obstetric, Tu. F., 2; o-p, W. S., 1.30; Eye, Tu. F., 2; o-p, daily, exc. S., 1.30; Ear, M., 1.30; (Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30. **Electro-therapeutics.** o-p, Th., 2; Mental Diseases, o-p, Th., 10; Dental, Tu. F., 10. **Operations.**—M. W. Th. S., 2; Tu. F., 3.30; Th., 2; (Gynaecological), Th., 2.

SAMARITAN. Gynaecological, M., 2; W., 2.30.

THROAT, Golden Square. Attendances.—Daily, 1.30; Tu. F., 6.30. **Operations.**—Daily, exc. M., 10.

UNIVERSITY COLLEGE. Attendances.—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. **Operations.**—Tu. W. Th., 2.

WEST LONDON. Attendances.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electro-therapeutics, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. **Operations.**—Daily, about 2.30; F., 10.

WESTMINSTER. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; Dental, W. S., 9.15. **Operations.**—M. Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429 Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

Authors desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Articulate, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are directed will be found under their respective headings.

QUERIES.

INDICUS asks what is the composition of "cyona" ointment and tincture, a proprietary medicine largely used in India.

R. H. B. asks whether a liquid preparation of phenacetin is manufactured, and where it may be obtained?

A. W. asks for advice as to diet likely to be of use in habitual constipation. Mild laxatives act satisfactorily, but it is desired to avoid constant recourse to treatment by drugs.

L. C. desires information as to the treatment of exophthalmic goitre by hydrofluoric acid, with particulars as to the dose and mode of administration.

PREMIER MEDICAL AID ASSOCIATION.

A CORRESPONDENT asks for information about the Premier Medical Aid Association, and whether it is a concern best left alone by the medical practitioner.

. We consider it best to leave all medical aid associations "severely alone."

DEATH EARLY IN DIPHTHERIA.

TEMERE writes: A child is well and running about his residence in full vigour; he is taken suddenly ill on a Sunday afternoon; the doctor visits at 7 P.M.; by 7 o'clock the following morning the child dies; notified as a case of diphtheria. There was no other case in the neighbourhood. Are there cases on record in which diphtheria has caused death so rapidly?

. The mere fact that the illness proved so suddenly fatal would not contra-indicate diphtheria. Bristowe states that death "may take place within the first twenty-four hours."

SICK PAY AND SICKNESS FROM BAD HABITS.

A CORRESPONDENT writes that he was called in to a club patient some time ago, whom he found suffering from delirium tremens. His diagnosis was confirmed by his partner, and he refused to put the member on the sick funds or to attend him professionally as a club member. Other practitioners were called in, who diagnosed pneumonia and gave it as their opinion that the illness was not due to drink, so that in the result our correspondent lost his club appointment.

. Delirium tremens may be only indirectly the result of alcoholism, and we are advised that unless the attack were the immediate consequence of excessive drinking the member could not fairly be refused sick pay under the rule referred to.

THE ETIOLOGY AND PREVENTION OF MUMPS.

W. H. B. asks for information regarding (1) the nature of the contagion in "mumps," and how conveyed from one to another—that is, by the breath and salivary secretion, or by personal clothing, etc. (2) The time that should elapse before a child could attend school with safety to the other pupils dating from the outset of the disease, (a) if it was the only case in the house, (b) if other cases occurred during the convalescence of the first case, perfect isolation being practically impracticable in the case. (3) What disinfection of the outer clothing worn by the patient would be necessary.

. (1) Judging by analogy "mumps" is probably a microbic disease; infection is said to be mainly conveyed by the breath. (2) (a) Four weeks if all swelling has subsided; (b) if perfect isolation is impracticable, not until four weeks from date of onset of the last of the cases. (3) Disinfection by moist heat (steam).

VITAL STATISTICS WANTED.

H. B. P. writes: (1) As medical officer of health for a small urban district I asked the local registrar to furnish me with the number of illegitimate births for the years 1891-7; (2) and also asked the local vaccination officer for a return of children duly vaccinated for the same period. Both officers refuse to give me any information. How shall I proceed to obtain the information? What is the law on the subject?

. (1) The law requires registrars on request of local authority to furnish returns of births and deaths on payment. The labour of preparing a return of illegitimate births for seven years would be considerable, and a registrar would probably be within his rights in refusing to make such a return without remuneration. Our correspondent might possibly obtain the information he requires if he were to apply to the Superintendent of Statistics, Registrar-General's office, Somerset House, W.C. (2) We know of no power to compel a vaccination officer to supply information as to children vaccinated in his district except to his Board of Guardians. Possibly our correspondent might obtain the information he requires through the Superintendent Registrar, who is generally the clerk to the guardians. Probably the difficulty made by the vaccination officer is connected with a claim for remuneration for the clerical work involved in making the return asked for, and could be overcome by an offer of reasonable compensation or so doing. A medical officer of health, as such, has no responsibility under the present law in connection with vaccination; but whether the anomaly will be continued, in view of the proposals for amending the law, remains to be seen.

ANSWERS.

A YOUNG PRACTITIONER.—An M.R.C.S. Eng., L.R.C.P. Lond., is a physician and surgeon, and therefore has the right so to call himself.

TINGLE AND STOR POJKE.—Our correspondents will doubtless before this have received the notice of the General Medical Council which will answer their questions.

MEMBER.—The card is certainly objectionable, but we observe that the person who issues it is not a member of the British Medical Association.

CLIFTON.—There appears to be no objection in principle to medical practitioners furnishing particulars of the kind asked for. Regard must, however, be had to the character of the publication, and the manner in which it is proposed to use the biographical details supplied.

C. H. C.—The French law absolutely forbids medical practice within the territory of the French Republic by anyone not possessing the diploma of Doctor of Medicine, obtained by examination before a French medical faculty. But—*il est avec les dieux des accommodements*, and in the circumstances mentioned by our correspondent we do not think it likely that he would be prosecuted.

F. D.—(1) Compression of the mammae by suitable packing and bandages is a well recognised part of treatment to ensure an arrest of lactation. (2) It is, of course, desirable that cows should be milked in a clean place; but points of greater importance are that the teats should be washed, and that the hands of the milkers, as well as all the vessels, should be scrupulously clean.

WEED KILLER.—A very good system of weed killing is that practised at Lord's Cricket Ground and other places. It is known as Thompson's weed eradicator. Practically the system is to inject with a hypodermic syringe a minute quantity of Fowler's solution into the root or ground in the neighbourhood of the weed. The actual syringe employed is of course large, and the Fowler's solution an impure alkaline solution of arsenious acid.

ADVERTISING BY FRIENDLY SOCIETIES.

G. H. M.—It is to be regretted that the opinion of our correspondent is not held by a larger number of his professional brethren.

BICYCLING AND PREGNANCY.

WHEEL writes: It is quite common for pregnant women to ride up to five or six months, and I have known of a patient who continued to cycle up to the termination of pregnancy without any bad result. The precautions necessary are that only expert cyclists should ride in these circumstances, in order to minimise the risk of falls, and also that as regards distance, speed, and hill climbing the woman should be careful to keep well below her usual average and so avoid over-fatigue.

A QUESTION OF RESIDENCE.

J.A.—If we understand our correspondent's question, it is whether a young practitioner about to enter into partnership is justified in taking up his residence in the only house available, a house occupied until recently by another practitioner, who has removed some three or four houses away from this one. We feel that a junior may pitch his tent where he chooses. In the present case his choice seems to be limited, and the question does not appear to involve any principle of ethics.

THE HEALTH AND SICKNESS ASSOCIATION, LIMITED.

THIS association has already been commented on in the BRITISH MEDICAL JOURNAL. The endeavour to induce medical men to take shares by offering them in return the paid posts of medical examiners to the society on the alleged ground that in this way the taking of only first-class lives will be the better assured, will hardly commend itself to the profession.

TREATMENT OF INCONTINENCE OF URINE.

DR. G. A. HAWKINS-AMBLER (Liverpool) writes: A rather old-fashioned mode of treatment for this troublesome complaint was the application of a blister to the nape of the neck. Have any of your readers tried the effect of discussing this before the youthful patient? Of course the cases I see are in female children, but I have found it act like a charm, while prescribing any kind of mixture, to discuss before the little patient the possibility of our having to resort to the above painful alternative in case the medicine does not effect a cure. It, at any rate, is likely to cure cases of mere laziness, and where the cause of the trouble is often so difficult to find, it is well to have a reliable method of excluding one great cause without punishment that is generally a useless cruelty.

TREATMENT OF SEA SICKNESS (VERTIGO).

DR. W. D. BETENSON (Caversham Road, NW.) observes, in reply to "F.B.," that vertigo is only one of the symptoms of seasickness. The nervous equilibrium of the whole body is disturbed, and the mind is a powerful factor not only in inducing, but in inhibiting, the symptoms commonly complained of. Farewell festivities are a powerful predisposing cause, but I do not advise the taking of drugs for a few days before embarking, as is commonly done. Fresh air is next to courage, the best thing. A recumbent or semirecumbent position on deck amidst ships should be chosen, especially if the vessel is pitching. Small quantities of food taken at frequent intervals are beneficial, and porridge, arrowroot, and dry biscuit, with a little champagne, are best. After four years' experience I cannot confidently recommend any drugs. Cocaine in 1-grain doses has worked marvels sometimes, but is more often a complete failure. Bromide, chlorobrom, and creasote are equally uncertain. Tincture of nux vomica, with spirits of chloroform has lately been my stand-by, and I think gives better results than any of the others.

NOTES, LETTERS, Etc.

HAY FEVER AND THE POLLEN OF GRASSES.

DR. CHAS. H. BLACKLEY (Southport) writes: Dr. Brazil does not fully answer Dr. Arnold's letter in the BRITISH MEDICAL JOURNAL of March 5th. If he will refer to Darwin's work on *Insectivorous Plants*, he will find that he distinctly states that each gland on the leaf of *drosera*

rotundifolia could not have absorbed more than $\frac{1}{1000000}$ th of a grain of phosphate of ammonia; and yet this minute quantity caused distinct physiological action. This surprised Mr. Darwin and rather troubled him, because he feared that nobody would believe his statements. Nevertheless he published them and let them take their chance.

For some years before I commenced study in the profession I had suffered from that curious malady, hay fever. It came on every summer and departed in the autumn. When I had qualified and got fairly established in practice, I commenced to investigate the cause of hay fever. I made slow progress at first; but I eventually satisfied myself by experiment that the pollen of the grasses was the cause of the attacks in England. The investigations were published as the first edition of my work on *Hay Fever* in 1873.

After a little time I set to work to determine the quantity—by weight and by number—of the pollen grains that would set up hay fever. After careful and repeated experiments, I found that so small a quantity as $\frac{1}{1000000}$ th of a grain would produce mild but very distinct symptoms of the malady; and it did not usually take more than an hour's exposure to the atmosphere at the commencement of the disease before I was aware from the symptoms of the presence of pollen. Thus, $\frac{1}{1000000}$ th of a grain gave me very distinct indications of its presence. But rather less than $\frac{1}{1000000}$ th of a grain would suffice, if inhaled in twenty-four hours, to keep up the malady in its severest form, and a quarter of an hour's inhalation of such an atmosphere by a hay fever patient would give repeated and violent attacks of sneezing and other troublesome symptoms. Here it was not the question of curing disease by a small dose, but the question of producing disease by what even your correspondent will admit to be a very small, an infinitesimal, dose.

In addition to the facts given above, I have been for the last fifteen years engaged on a set of experiments on the subcutaneous injection of the active portion of the pollen grain. These have given much the same result, in the matter of dose and the matter of symptoms, as my other experiments. These have not yet been published, but I hope soon to do so.

A QUESTION OF PRECEDENCE.

M.D. writes: It is well "A Member B.M.A." has directed attention to this subject, so commonly ignored, and yet which carries much with it. In your annual List of Members, so regularly and well brought out, it is observable that all the graduates in medicine drop the now almost unmeaning term "esquire." But do the general public not ignorantly overlook this and do the reverse? Surely such an error should be rectified, and the status of graduates no longer be ignored. When a young man prepares for the army or studies divinity or medicine, he is written off "Esq." invariably, seeing he enters as a gentleman. When the lieutenant becomes a "captain," and his comrade in his turn is styled "reverend," in each instance the "esquire" is dropped for ever, the title reverend or captain correctly superseding esquire. Yet when the graduate in medicine acquires his "M.D." and becomes a university "Doctor," the ignorant or unthinking continue to esquire him, thus ignoring his rightful status, and treating his university degree with contempt, as if indeed he were still an undergraduate. No person would think of writing "Esq." with reverend or with captain, why then with M.D.? Some smart individual may reply that doctors of law latterly take Esq. from preference, and are written down "Esq., LL.D.," but this will not hold here seeing that these gentlemen of the law voluntarily relinquish the title "doctor," a move no doctor of medicine takes. If these premises are correct, it goes for the saying that adding "Esq." to the M.D., however intended, is a distinct slight, not to say an insult. In my opinion the general and often very ignorant public hold the profession in so little esteem, that they really think anything, even an "Esq.," ornamental and good enough for the University M.D.

PREHISTORIC DENTISTRY.

In an article entitled "The Mysterious City of Honduras," published in the January number of the *Century* (Dental Review, February, 1898), Mr. George Byron Gordon gives the following account of recent discoveries at Copan: "No regular burying place has yet been found at Copan, but a number of isolated tombs have been explored. The location of these was strange and unexpected—beneath the pavements of courtyards and under the chambers of houses. They consist of small chambers of very excellent masonry, roofed sometimes by means of the horizontal arch and sometimes by means of slabs of stone resting on top of the vertical walls. In these tombs one and sometimes two interments had been made. The bodies had been laid at full length upon the floor. The ceremonies had long since mouldered away, and the skeletons themselves were in a crumbling condition, and gave little knowledge of the physical characteristics of the people; but one fact of surpassing interest came to light concerning their private lives—namely, the custom of adorning the front teeth with gems inlaid in the enamel and by filling. Although not all the sets of teeth had been treated in this way, there are enough to show that the practice was general, at least among the upper classes, for all the tombs opened, from their associations with prominent houses, seem to have belonged to people of rank and fortune. The stone used in the inlaying was a bright green jadeite. A circular cavity about one-sixteenth of an inch in diameter was drilled in the enamel of each of the two front teeth of the upper row and inlaid with a little disc of jadeite, cut to a perfect fit and secured by means of a bright red cement."

THE NEW VACCINATION BILL.

OLIVER SWITCH writes: When a new Act is passed, or an old one amended, the poor medical man is the last to be thought of, even if he receives any consideration at all. With regard to the change from human to calf lymph there is no cause to complain, but when it comes to vaccinating infants belonging to dissatisfied parents at their own residences it is quite another matter; he will have to hear abuse among other inconveniences until he gives up the vaccination to a class of men who do not mind being sworn at. Again, what about filthy dens, common lodging houses, and other septic premises? The chances of erysipelas supervening must of necessity be more than at a vaccination station, where everything is cleanly. What about calf

lymph to be supplied? Will it be on the old septic manner of points, or in tubes? Then comes the matter of fees. At present we receive an extra sixpence per case where calf lymph is used; this I find not sufficient, as this vaccine we have on hand will not keep. Surely, when calf lymph is used, unsuccessful as well as successful should be paid for alike.

FORECASTING THE SEX.

DR. PERCY SHARP, First Class Expert British Beekeepers' Association (Brant Broughton) writes: On page 781 of the *BRITISH MEDICAL JOURNAL* occurs the sentence, "The effect of feeding upon the sex of bees has long been known." It is now, however, well known among those who have given attention to the subject that feeding has no effect whatever upon the sex of bees; this being determined solely by the kind of egg laid by the queen or mother bee. The queen bee is able to lay two kinds of egg only—those which have been fertilised and those which have not. The latter invariably produce drones or male bees; while the former produce either queens—perfect females—or workers—imperfect females. This last result is dependent not only upon the amount and kind of food given to the larvae by the nurse bees, but also upon the shape, size, and position of the cell in which its larval existence is passed. Feeding, then—other conditions being suitable—can merely alter the degree of development, and not the sex of the insect.

LETTERS, COMMUNICATIONS, ETC., have been received from

(A) Messrs. Arnold and Sons, London; Dr. J. Althaus, London; Mr. T. E. Allinson, London. (B) Mr. E. H. Baxter, Bristol; Mr. H. H. Beale, Reading; Mr. C. H. W. Bennett, Conington; Mr. F. W. Bywater, Birmingham; Mr. R. Bruce, Milford-on-Sea; Dr. J. O. W. Barratt, London; Bebo; Dr. J. Brown, Baccup; G. C. R. Bull, M.B., Newcastle, Staffs.; J. W. Batterham, M.B., St. Leonards-on-Sea. (C) Dr. T. Carr, Brantree; Dr. H. Coates, Southsea; C. W. Cathcart, M.B., Edinburgh; C. H. C.; Mr. R. Cheyne, London; Christy Saddle Company, London; Mr. E. Creasy, Winghamham. (D) Dr. T. M. Dolan, Halifax; Dr. A. Duke, Cheltenham; Sir D. Duckworth, London; Mr. F. Dalton, Rottlingdean; Messrs. Dowie and Marshall, London. (E) Mr. R. Ellery, Plympton; Mr. A. R. F. Evershed, Penzance; Ethicus. (F) Dr. E. A. Farrar, Stamford; Dr. P. J. Freyer, London; T. C. Fox, M.B., London. (G) G. E. D.; Dr. L. G. Guthrie, London. (H) Mr. J. W. Higgins, Wrotham; Dr. S. Harris, Las Palmas; Mr. F. Haydon, London; Mr. G. A. Hawkins-Ambler, Liverpool; Dr. T. W. Hime, Bradford; Dr. E. D. Helm, Carlisle; Dr. J. P. Henry, London; Dr. E. Hay, London. (I) If Not, Why Not. (J) J. D.; J. W. C.; Mr. J. R. Johnson, Richmond, Surrey; Junior; Mr. F. B. Jessett, London; C. B. Johnstone, M.B., Stockport. (L) Mr. E. M. Little, London; Leeds and West Riding Medico-Chirurgical Society, Secretary of, Leeds; Dr. H. L. G. Leask, Glasgow; Dr. G. A. Leon, Sidmouth; Mr. T. Laftan, Cashel; Mr. W. T. Lydall, Birmingham. (M) Mr. W. Martindale, London; Mr. H. Mallen, Birmingham; Dr. R. F. MacKenzie, Birmingham; Mr. H. H. B. MacLeod, Shrewsbury; M.B.A.; Mr. B. F. Meadows, Hastings; Member; Dr. J. G. McKendrick, Glasgow; M.D.; Dr. E. J. McWeeney, Dublin; Member B.M.A.; M.A., M.B.; Member and V.P.; Mr. J. H. Mummary, London. (N) Mr. J. A. Nunn, London; N. E. T. (O) Oliver Switch; Old Jonas. (P) Dr. A. M. Paterson, Liverpool; O. F. Paget, M.B., Honolulu; Mr. C. Penruddocke, Wylde; Dr. W. P. Pavy, London; Dr. J. Priestley, London; Public Vaccinator; Dr. C. Porter, Stockport; Practitioner. (R) Royal Statistical Society, Secretary of, London; Mr. E. Rauschke, Leeds; R. L. B.; Dr. J. A. Robertson, Stilton. (S) T. Stratfield, M.B., Folkestone; B. H. Shaw, M.B., Cradley Heath; Spes; Dr. A. Strange, Shrewsbury; S. Stephenson, M.B., London; Mr. A. L. Saunders, Grimsby; Mr. M. A. Smale, London; Mr. P. Sheehan, Carlisle; Miss S. Stratford-Malone, London; Dr. W. E. S. Scott, Manchester; Mr. P. Sharp, Newark-on-Trent; Dr. J. F. Sykes, London. (T) Mr. R. F. Tobin, Dublin; Dr. S. A. Tidy, Florence; T. C. W.; Temere; Dr. H. M. Tickell, Derby; A. Thomson, M.B., Oxford. (U) "United Temperance Gazette," Editor of the, London. (V) Mr. A. H. Walker, Cranleigh; G. A. Wright, M.B., Manchester; Wheel; Dr. A. McC. Weir, East Sheen; Mr. G. S. A. Waslen, Devizes; Mr. T. M. Watt, London. (X) Dr. E. S. Yonge, Manchester. Young Practitioner. (Z) Dr. T. Zammit, Malta; Zoological Society, Secretary of, London; etc.

BOOKS, ETC., RECEIVED.

Retinoscopy (or Shadow Test) in the Determination of Refraction at One Meter Distance with the Plane Mirror. By J. Thorington, M.D. Second Edition. Philadelphia: P. Blakiston, Son and Co. 1898. 1. dol.
The Inspection of Meats for Animal Parasites. Prepared under the direction of Dr. D. E. Salmon. Washington: Government Printing Office. 1898.
Professions for Boys and How to Enter Them. By M. L. Peckell. London: Beeton and Co. 1898. 2s. 6d.
Trewinnot of Guy's. By Mrs. C. Kernahan. London: John Long. 1898. 6s.
Archives of the Roentgen Ray. Edited by W. S. Hedley, M.D. M.R.C.S. and S. Rowland, M.A. M.R.C.S. Vol. II, No. 3. London: Reeman Publishing Company 1898. 4s.
The American Year-Book of Medicine and Surgery. Under the General Editorial Charge of G. M. Gould, M.D. London: Reeman Publishing Company. 1898. 38s.
A Healthy Home and How to Attain it. By Dr. Andrew Wilson. London: O. A. Pearson, Limited. 1898. 1s.
Handbuch der Laryngologie und Rhinologie. Herausgegeben von Dr. P. Heymann. Wien: Alfred Holder. 1898.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

Eight lines and under	...	...	...	20	4	0
Each additional line ...	...	...	...	0	0	6
A whole column ...	...	...	...	1	17	6
A page ...	...	...	...	5	5	0

An average line contains six words.

Advertisements should be delivered, addressed to the Manager, at the Office, not later than noon on the Wednesday preceding publication; and if not paid for at the time, should be accompanied by a reference.

Post-Office Orders should be made payable to the British Medical Association at the General Post-Office, London. Small amounts may be paid in postage-stamps.

N.B.—It is against the rules of the Post Office to receive letters at *Postes Restantes* addressed either in initials or numbers.